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22850

APPLICATION NO.

10/560,229

7590

11/17/2008

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| | | | (Date) | | | | | |
| FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | | | | |
| Hiroyuki Kikkoji | | 277541US6PCT | 4980 | | | | | |

TITLE OF INVENTION: REPRODUCTION DEVICE, REPRODUCTION METHOD, AND PROGRAM

| | | | | , | | | | | |
|--|---|---------------|--|-------------------------|--------------------|------------|--|--|--|
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | | | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 02/17/2009 | | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | | |
| LEE, JOHN J | | 2618 | 455-003060 | • | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Oblon, Spivak, 2 McClelland, Maier 3 & Neustadt, P.C. | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| SONY C | CORPORATIO | N | Tokyo, | JAPAN | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | |
| | are submitted: No small entity discount p # of Copies | permitted) | D. Payment of Fee(s): (Plea ☐ A check is enclosed. ☐ Payment by credit can ☐ The Director is hereby overpayment, to Depo | d. Transmitted via EFS- | Web. | , | | | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
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| Authorized Signature | Sall I | Selly | | Date | FEB 11 2009 | | | | |
| Typed or printed nam | e Pau | J. Killos | | Registration No. | Registration No. 5 | 8.014 | | | |

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